

FULL FACILITY PROFILE

GENTIVA HEALTH SERVICES
1142 WEST 2320 SOUTH #A
SALT LAKE CITY UT 84119
STATE'S REGION CODE: 001

PROVIDER #: 467027
PHONE NUMBER: (801) 978-8188
PARTICIPATION DATE: 04/19/1984

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH AGENCY
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION
CERTIFIED HOSPICE PROVIDER NO: NONE
NUMBER OF SUBUNITS: NONE
PARENT AGENCY PROVIDER NO: NONE
NUMBER OF BRANCHES: 1

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	4.50
LICENSED PRACTICAL NURSE	1.00
PHYSICAL THERAPY	5.00
OCCUPATIONAL THERAPY	.75
SPEECH THERAPY	.25
MEDICAL SOCIAL WORKER	.13
HOME HEALTH AIDE	13.88
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.10
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	10.00

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM
NUMBER RECORDS REVIEWED WITH HOME VISITS: 5
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 11
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:
TOTAL RECORDS REVIEWED: 16
TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 12/26/2000
DATE PROVIDER SIGNED POC: 01/08/2001
REVISIT DATES: 02/28/2001

PROGRAM REQUIREMENTS

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 12/26/2000

PROGRAM REQUIREMENTS

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REVISIT DATES: 02/28/2001

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%
STD	G0214	PERFORMANCE REVIEW OF EACH AIDE AT LEAST EVERY 1	02/19/2001	DEFICIENCY CORRECTED	3	7.1	10	2.9	197	2.8
STD	G0229	SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN	02/01/2001	DEFICIENCY CORRECTED	7	16.6	39	11.3	696	9.9
STD	G0230	SUPERVISORY VISITS IF NO SKILLED CARE NO LESS TH	02/01/2001	DEFICIENCY CORRECTED	7	16.6	9	2.6	77	1.1

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF STATE	DEFICIENCIES REGION	PER FACILITY NATION
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CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	3	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	3	1.07	1.72	03.42

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0